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## APPLICANTS

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\*\* CONTINUING DATA *Na* \*\*\*\*\*\*\* FOREIGN APPLICATIONS *Na* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|--|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   | CA       | 6       | 24     | 5           |

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## TITLE

Interconnect device with opposingly oriented contacts

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|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1014 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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